
State:	Arkansas	Filing Company:	Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	LAA-0106AR.2, Application for Life Insurance		
Project Name/Number:	LAA-0106AR.2, Application for Life Insurance/LAA-0106AR.2, Application for Life Insurance		

Filing at a Glance

Company:	Nationwide Life and Annuity Insurance Company
Product Name:	LAA-0106AR.2, Application for Life Insurance
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	11/20/2012
SERFF Tr Num:	NWPA-128776876
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	LAA-0106AR.2, APPLICATION FOR LIFE INSURANCE
Implementation	On Approval
Date Requested:	
Author(s):	Amy Burchette, Sandra Davies, Dan Gallion, Cindy Malloy, Clara Pollard, Carrie Ruhlen, Georgia Sollars, Darcy L. Spangler, Drema Wallace, Leslie Hernandez, Darcy Spangler
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/29/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State:	Arkansas	Filing Company:	Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	LAA-0106AR.2, Application for Life Insurance		
Project Name/Number:	LAA-0106AR.2, Application for Life Insurance/LAA-0106AR.2, Application for Life Insurance		

General Information

Project Name: LAA-0106AR.2, Application for Life Insurance	Status of Filing in Domicile:
Project Number: LAA-0106AR.2, Application for Life Insurance	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/29/2012
	State Status Changed: 11/29/2012
Deemer Date:	Created By: Carrie Ruhlen
Submitted By: Carrie Ruhlen	Corresponding Filing Tracking Number: LAA-0106AR.2, Application for Life Insurance

Filing Description:

Re: LAA-0106AR.2, Application for Life Insurance
NAIC #92657

Enclosed for filing, subject to your approval, is form LAA-0106AR.2, Application for Life Insurance. This form will replace form LAA-0106AO.1, Application for Life Insurance, approved by your Department on 10-07-2008, SERFF File # NWPA-125833346, State Tracking #40375.

We have changed Part B, Medical/Health Questions section by revising Question 2. Question 2 now reads: "To the best of your knowledge and belief, is the Proposed Insured currently receiving, evaluated or planning for hospice care; needs or waiting on an organ or tissue transplant; or ever been diagnosed with Alzheimer's disease, dementia or cancer for which you are receiving any current care or treatment or management; or been diagnosed with a terminal or incurable illness; or tested positive for the HIV (Human Immunodeficiency Virus), or been diagnosed as having HIV infection, ARC (AIDS Related Complex), or AIDS (Acquired Immune Deficiency Syndrome)?"

Form LAA-0106AR.2 has been written in a readable fashion and attains the Flesch score of 49.1.

We will begin using this form upon your approval.

Thank you in advance for your attention to this matter. Please call me if you have any questions on this filing.

Enclosures:

1. Readability Certification
2. Form LAA-0106AR.2, Application for Life Insurance
3. Statement of Variability
4. Highlighted Version showing Differences

Company and Contact

Filing Contact Information

Carrie Ruhlen, Compliance Specialist	ruhlenc@nationwide.com
One Nationwide Plaza	614-249-8042 [Phone]
1-33-102	614-249-1199 [FAX]
Columbus, OH 43215	

SERFF Tracking #: NWPA-128776876 State Tracking #:

Company Tracking #: LAA-0106AR.2, APPLICATION
FOR LIFE INSUR...

State: Arkansas **Filing Company:** Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: LAA-0106AR.2, Application for Life Insurance
Project Name/Number: LAA-0106AR.2, Application for Life Insurance/LAA-0106AR.2, Application for Life Insurance

Filing Company Information

Nationwide Life and Annuity Insurance Company
One Nationwide Plaza
1-10-03
Columbus, OH 43215
(800) 882-2822 ext. [Phone]

CoCode: 92657
Group Code: 140
Group Name:
FEIN Number: 31-1000740

State of Domicile: Ohio
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50.00 per form.
Per Company: No

Company	Amount	Date Processed	Transaction #
Nationwide Life and Annuity Insurance Company	\$50.00	11/20/2012	65068542

SERFF Tracking #:	NWPA-128776876	State Tracking #:		Company Tracking #:	LAA-0106AR.2, APPLICATION FOR LIFE INSUR...
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State:	Arkansas	Filing Company:	Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	LAA-0106AR.2, Application for Life Insurance		
Project Name/Number:	LAA-0106AR.2, Application for Life Insurance/LAA-0106AR.2, Application for Life Insurance		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/29/2012	11/29/2012

State:	Arkansas	Filing Company:	Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	LAA-0106AR.2, Application for Life Insurance		
Project Name/Number:	LAA-0106AR.2, Application for Life Insurance/LAA-0106AR.2, Application for Life Insurance		

Disposition

Disposition Date: 11/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Highlighted copy showing differences		Yes
Form	Application for Life Insurance		Yes

State:	Arkansas	Filing Company:	Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	LAA-0106AR.2, Application for Life Insurance		
Project Name/Number:	LAA-0106AR.2, Application for Life Insurance/LAA-0106AR.2, Application for Life Insurance		

Form Schedule

Lead Form Number: LAA-0106AR.2

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Application for Life Insurance	LAA-0106AR.2	AEF	Revised	Previous Filing Number:	NWPA-125833346	49.100	LAA-0106AR.2 JD.pdf
						Replaced Form Number:	LAA-0106AO.1		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

Application for Life Insurance

[P.O. Box 182835, Columbus, Ohio 43218-2835]

PART A – CLIENT INFORMATION

PROPOSED INSURED NAME (First, MI, Last)

John A. Doe

Address (street/city/state/zip)

One Any Street, Any City, Any State 00000-0000

SSN / Tax ID # 000 - 00 - 0000 Sex ☒ M ☐ F Phone (000) 000-0000

Date of Birth (mm/dd/yyyy) 02/07/1973 E-Mail Address JDoe@yahoo.com

Complete ONLY if Owner is not the Proposed Insured ☐ Check box if address is same as Proposed Insured.

OWNER NAME (First, MI, Last)

Address (street/city/state/zip)

SSN / Tax ID # - - Phone () Relationship to Insured

Date of Birth (mm/dd/yyyy) E-Mail Address

BENEFICIARY SECTION MUST BE COMPLETED.

BENEFICIARY NAME(S)	%	Primary	Contingent	Relationship to Insured	Date of Birth	SSN
Jane Doe	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wife	10-08-76	000-00-0000
Bambi Doe	50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daughter	04-29-00	000-00-0000
Moose Doe	50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Son	07-23-02	000-00-0000

PART B – MEDICAL/HEALTH QUESTIONS



♦ If question 1 and/or 2 are answered "Yes", the product is not available.

☐ Yes ☒ No 1) Has the Proposed Insured been declined for Life Insurance in the past 6 months?

☐ Yes ☒ No 2) To the best of your knowledge and belief, is the Proposed Insured currently receiving, evaluated or planning for hospice care; needs or waiting on an organ or tissue transplant; or ever been diagnosed with Alzheimer's disease, dementia or cancer for which you are receiving any current care or treatment or management; or been diagnosed with a terminal or incurable illness; or tested positive for the HIV (Human Immunodeficiency Virus), or been diagnosed as having HIV infection, ARC (AIDS Related Complex), or AIDS (Acquired Immune Deficiency Syndrome)?

PART C – TOBACCO USE

☒ Yes ☐ No Has the Proposed Insured used tobacco or nicotine in any form in the last 12 months?

PART D – INSURANCE INFORMATION



♦ If question 1 below is answered "Yes", the product is not available.

☐ Yes ☒ No 1) Will any Life Insurance or Annuities for this or any other company be replaced, discontinued, reduced or changed if insurance now applied for is issued? (If "yes", list below.)

☐ Yes ☒ No 2) Do you currently have any other Life Insurance or Annuities in force? (If "yes", list below.)

Company	Policy Number	Amount	Year Issued	To Be Replaced
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PART E – PRODUCT INFORMATION

PRODUCT NAME: [Nationwide YourLifeSM Simplified], Individual Whole Life Insurance Policy, Non-Participating

Specified Amount ☐ 5,000 ☐ 10,000 ☐ 15,000 ☐ 20,000 ☒ 25,000 ☐ 30,000 ☐ 40,000 ☐ 50,000 ☐ Other _____

Initial Premium Deposit (paid with application) Amount \$ 723.00

☐ Quarterly \$ _____ ☐ Semi-Annual \$ _____ ☐ Annual \$ _____ ☐ Monthly Billing Advantage # _____ \$ _____

☐ Monthly EFT \$ _____ Draft Date _____ ☐ *Checking (A copy of a voided check is required. Starter Checks will not be accepted.)

Account # _____ Transit/ABA # _____ ☐ *Savings (A voided deposit slip with account number and routing number is required.)

Financial Institution Name _____ Financial Institution Address _____

*By providing my financial institution name and account information, I hereby authorize Nationwide Life and Annuity Insurance Company to initiate debit entries to my checking/savings account indicated above and the Financial Institution to debit the same such account.

Policy will be issued with the Automatic Premium Loan Option (APL), if available, unless the box below is checked.

☐ No, do not issue with APL.

Special Instructions Section (If more space is needed, an additional blank sheet may be attached.)



PART F - TEMPORARY INSURANCE AGREEMENT, TAX ID NUMBER, AND FRAUD STATEMENT

TEMPORARY INSURANCE AGREEMENT TERMS AND CONDITIONS/LIMITATIONS - Temporary Insurance under this Agreement will commence on the date of this application if the full first premium for the mode selected has been paid and accepted by Nationwide or authorized by Electronic Funds Transfer as advance payment for an application for Life Insurance. If any Proposed Insured dies while this temporary insurance is in effect, Nationwide will pay to the designated beneficiary the lesser of (a) the sum of all premiums paid with this Temporary Insurance Agreement plus interest as determined by Nationwide, plus the Accidental Death Benefit which would be payable under the policy if issued as applied for, in the event of the Proposed Insured's Accidental Death, or (b) \$50,000. Temporary Life Insurance under this Agreement will terminate automatically on the earliest of: 1) 60 days from the date of this signed Agreement, or 2) the date any policy is offered or issued to the Proposed Insured in connection with the above application, or 3) the date Nationwide mails notice of termination of coverage and refund of the advance payment to the premium notice address designated in such application. Fraud or material misrepresentation in the application invalidates this agreement and Nationwide's only liability is for refund of any payment made. This Agreement does not provide coverage for Proposed Insureds who are under 15 days of age or over the age of 80 (age last birthday) on the date of the Agreement. If any Proposed Insured dies by suicide, Nationwide's liability under this Agreement is limited to a refund of the payment made. There is no coverage under this Agreement if the check submitted as payment is not honored by the bank on first presentation or if the Electronic Funds Transfer is not processed by the bank. (No one is authorized to waive or modify any of the provisions of this Agreement.)

TAXPAYER ID NUMBER - I certify under penalties of perjury that: 1) The number shown on this form is my correct taxpayer identification number and, 2) I am not subject to backup withholding because a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or that I am exempt from backup withholding, and 3) am a U.S. person (including a U.S. resident alien).

☐ Check this box if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

FRAUD STATEMENT

ARKANSAS only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART G - AGREEMENT AND AUTHORIZATION

I understand and agree that: 1) This application, any amendments to it, and any related medical examination(s) will become a part of the Policy and are the basis of any insurance issued upon this application. 2) The Proposed Insured or Owner has a right to cancel this application at any time by contacting their agent or Nationwide in writing. No agent, medical examiner or other representative of Nationwide may accept risks or make or change any contract; or waive or change any of the Company's rights or requirements. 3) If the full first premium is made in exchange for a Temporary Insurance Agreement, Nationwide will only be liable to the extent set forth in that Agreement. 4) If the full first premium is not paid with this application, then insurance will only take effect when a) a policy is issued by Nationwide and accepted by me; and b) the full first premium is paid; and c) all the answers and statements made on the application, medical examination(s) and amendments are true to the best of my knowledge and belief when a) and b) have occurred.

PART H - SIGNATURES

I HAVE RECEIVED A COPY OF AND HAVE READ THIS APPLICATION AND AGREEMENT AND DECLARE THAT THE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO ALL ITS TERMS. I ACKNOWLEDGE AND AGREE THAT THE DEATH BENEFIT PAYABLE UNDER THE POLICY, IF ISSUED, IS REDUCED DURING THE FIRST TWO (2) POLICY YEARS AND UNDER THE TEMPORARY INSURANCE AGREEMENT.

Signed at Any City, Any State (City/State), on April 2, 2008 (mm/dd/yyyy)

John A. Doe X John A. Doe
Full Name of Proposed Insured (print) Signature of Proposed Insured

X
Full Name of Owner (print) Signature of Owner (if other than the Proposed Insured)

☒ Yes ☐ No I have truly and accurately recorded all Proposed Insured's answers on this application.

☒ Yes ☐ No I have witnessed his/her/their signature(s) hereon. (If "no", provide details in Special Instructions Section.)

☐ Will ☒ Will Not To the best of my knowledge, the insurance applied for will or will not replace any Life Insurance and/or Annuities.

Mr. Ed Agent, Jr. Any Firm of America X Mr. Ed Agent, Jr. 02-A0000000
Agent's Name (print) Firm Signature of Agent Agent's Nationwide #



SERFF Tracking #:	NWPA-128776876	State Tracking #:		Company Tracking #:	LAA-0106AR.2, APPLICATION FOR LIFE INSUR...
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State:	Arkansas	Filing Company:	Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	LAA-0106AR.2, Application for Life Insurance		
Project Name/Number:	LAA-0106AR.2, Application for Life Insurance/LAA-0106AR.2, Application for Life Insurance		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Certification - NWLA.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability- AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Highlighted copy showing differences		
Comments:			
Attachment(s):			
LAA-0106AR.2 JD.pdf			



ARKANSAS

Certificate of Compliance

Insurer: Nationwide Life and Annuity Insurance Company

Form Numbers: LAA-0106AR.2, Application for Life Insurance

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 19 and 49 of the Arkansas Statute, ACA 23-80-206, ACA 23-79-138, and Bulletin 11-88.

These forms also meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink, reading "James J. Rabenstine".

James J. Rabenstine
Vice President
NF Compliance
Date: 11-19-2012

NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

(11/2012)

STATEMENT OF VARIABILITY FOR FORM

LAA-0106AR.2 - Application for Life Insurance

Bracketed items in the above captioned forms indicate variability as follows:

LAA-0106AR.2

Nationwide's Address, Phone Number and Fax Number	Nationwide's address information is bracketed throughout the form in case they change in the future.
---	--

Page 2, Temporary Insurance Agreement, Receipt of Payment and Terms and Conditions Sections

Amount of Coverage	The current total benefit limit is bracketed in case it changes in the future.
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NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

Application for Life Insurance

[P.O. Box 182835, Columbus, Ohio 43218-2835]

PART A – CLIENT INFORMATION

PROPOSED INSURED NAME (First, MI, Last)

John A. Doe

Address (street/city/state/zip)

One Any Street, Any City, Any State 00000-0000

SSN / Tax ID # 000 - 00 - 0000 Sex ☒ M ☐ F Phone (000) 000-0000

Date of Birth (mm/dd/yyyy) 02/07/1973 E-Mail Address JDoe@yahoo.com

Complete ONLY if Owner is not the Proposed Insured ☐ Check box if address is same as Proposed Insured.

OWNER NAME (First, MI, Last)

Address (street/city/state/zip)

SSN / Tax ID # - - Phone () Relationship to Insured

Date of Birth (mm/dd/yyyy) E-Mail Address

BENEFICIARY SECTION MUST BE COMPLETED.

BENEFICIARY NAME(S)	%	Primary	Contingent	Relationship to Insured	Date of Birth	SSN
Jane Doe	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wife	10-08-76	000-00-0000
Bambi Doe	50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daughter	04-29-00	000-00-0000
Moose Doe	50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Son	07-23-02	000-00-0000

PART B – MEDICAL/HEALTH QUESTIONS



♦ If question 1 and/or 2 are answered "Yes", the product is not available.

- ☐ Yes ☒ No 1) Has the Proposed Insured been declined for Life Insurance in the past 6 months?
- ☐ Yes ☒ No 2) To the best of your knowledge and belief, is the Proposed Insured currently receiving, evaluated or planning for hospice care; needs or waiting on an organ or tissue transplant; or ever been diagnosed with Alzheimer's disease, dementia or cancer for which you are receiving any current care or treatment or management; or been diagnosed with a terminal or incurable illness; or tested positive for the HIV (Human Immunodeficiency Virus), or been diagnosed as having HIV infection, ARC (AIDS Related Complex), or AIDS (Acquired Immune Deficiency Syndrome)?

PART C – TOBACCO USE

☒ Yes ☐ No Has the Proposed Insured used tobacco or nicotine in any form in the last 12 months?

PART D – INSURANCE INFORMATION



♦ If question 1 below is answered "Yes", the product is not available.

- ☐ Yes ☒ No 1) Will any Life Insurance or Annuities for this or any other company be replaced, discontinued, reduced or changed if insurance now applied for is issued? (If "yes", list below.)
- ☐ Yes ☒ No 2) Do you currently have any other Life Insurance or Annuities in force? (If "yes", list below.)
- | Company | Policy Number | Amount | Year Issued | To Be Replaced |
|---------|---------------|--------|-------------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PART E – PRODUCT INFORMATION

PRODUCT NAME: [Nationwide YourLifeSM Simplified], Individual Whole Life Insurance Policy, Non-Participating

Specified Amount ☐ 5,000 ☐ 10,000 ☐ 15,000 ☐ 20,000 ☒ 25,000 ☐ 30,000 ☐ 40,000 ☐ 50,000 ☐ Other _____

Initial Premium Deposit (paid with application) Amount \$ 723.00

☐ Quarterly \$ _____ ☐ Semi-Annual \$ _____ ☐ Annual \$ _____ ☐ Monthly Billing Advantage # _____ \$ _____

☐ Monthly ☐ *Checking (A copy of a voided check is required. Starter Checks will not be accepted.)
EFT \$ _____ Draft Date _____
Account # _____ Transit/ABA # _____
☐ *Savings (A voided deposit slip with account number and routing number is required.)

Financial Institution Name _____ Financial Institution Address _____

*By providing my financial institution name and account information, I hereby authorize Nationwide Life and Annuity Insurance Company to initiate debit entries to my checking/savings account indicated above and the Financial Institution to debit the same such account.

Policy will be issued with the Automatic Premium Loan Option (APL), if available, unless the box below is checked.

☐ No, do not issue with APL.

Special Instructions Section (If more space is needed, an additional blank sheet may be attached.)



TEMPORARY INSURANCE AGREEMENT TERMS AND CONDITIONS/LIMITATIONS - Temporary Insurance under this Agreement will commence on the date of this application if the full first premium for the mode selected has been paid and accepted by Nationwide or authorized by Electronic Funds Transfer as advance payment for an application for Life Insurance. If any Proposed Insured dies while this temporary insurance is in effect, Nationwide will pay to the designated beneficiary the lesser of (a) the sum of all premiums paid with this Temporary Insurance Agreement plus interest as determined by Nationwide, plus the Accidental Death Benefit which would be payable under the policy if issued as applied for, in the event of the Proposed Insured's Accidental Death, or (b) \$50,000. Temporary Life Insurance under this Agreement will terminate automatically on the earliest of: 1) 60 days from the date of this signed Agreement, or 2) the date any policy is offered or issued to the Proposed Insured in connection with the above application, or 3) the date Nationwide mails notice of termination of coverage and refund of the advance payment to the premium notice address designated in such application. Fraud or material misrepresentation in the application invalidates this agreement and Nationwide's only liability is for refund of any payment made. This Agreement does not provide coverage for Proposed Insureds who are under 15 days of age or over the age of 80 (age last birthday) on the date of the Agreement. If any Proposed Insured dies by suicide, Nationwide's liability under this Agreement is limited to a refund of the payment made. There is no coverage under this Agreement if the check submitted as payment is not honored by the bank on first presentation or if the Electronic Funds Transfer is not processed by the bank. (No one is authorized to waive or modify any of the provisions of this Agreement.)

☐ Check this box if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

FRAUD STATEMENT

PART G - AGREEMENT AND AUTHORIZATION

PART H - SIGNATURES

Signed at Any City, Any State (City/State), on April 2, 2008 (mm/dd/yyyy)

Full Name of Owner (*print*)

X _____
Signature of Owner (*if other than the Proposed Insured*)

☒ Yes ☐ No I have truly and accurately recorded all Proposed Insured's answers on this application.

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I have witnessed his/her/their signature(s) hereon. <i>(If "no", provide details in Special Instructions Section.)</i>
---	--

☐ Will ☒ Will Not To the best of my knowledge, the insurance applied for will or will not replace any Life Insurance and/or Annuities.

<u>Mr. Ed Agent, Jr.</u> Agent's Name (<i>print</i>)	<u>Any Firm of America</u> Firm	X	<u>Mr. Ed Agent, Jr.</u> Signature of Agent	<u>02-A0000000</u> Agent's Nationwide #
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